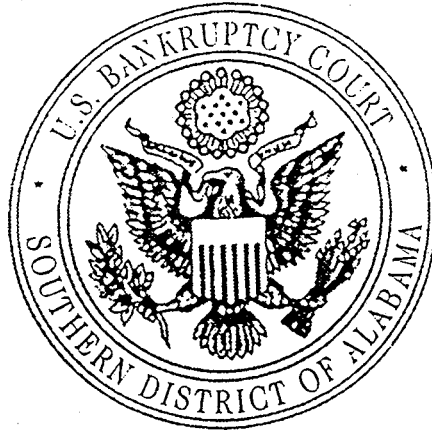


# Priority Handling Cover sheet



PLEASE INCLUDE THIS COVER SHEET  
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## Hearing

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Judge: \_\_\_\_\_

Attorney: \_\_\_\_\_

for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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